

Rates | Dentegra Dental PPO for Small Businesses Family Preferred Plan

Metal Level | High

Rating Area	Individual Monthly Rate	
	Age 0-20	Age 21-65 and over
7	\$33.13	\$56.04
8	\$37.19	\$62.91

(Product ID# 63485MN0020010)

Information about this plan's rates:

- Maximum number of children used to quote a children-only contract is 3 children
- Rating area is based on the county in which the employer resides. The map of the State of MN Rating Areas is included at the end of this document.
- This plan is offered in Anoka, Carver, Dakota, Hennepin, Chisago, Isanti, Ramsey, Scott, Sherburne, Wright, and Washington counties.

Benefits | Dentegra Dental PPO for Small Businesses Family Preferred Plan

Pediatric In-Network Deductible - \$65 Out-of-Network Deductible-\$65

Adult In-Network Deductible - \$50 Out-of-Network Deductible-\$50

Services	Pediatric Services		Adult Services	
	In- Network Percentage Paid ¹	Out-of- Network Percentage Paid ¹	In- Network Percentage Paid ¹	Out-of- Network Percentage Paid ¹
Preventative Services				
Exams	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%
X-rays	100%	100%	100%	100%
Sealants	100%	100%		
Fluoride	100%	100%		
Basic Services				
General Anesthesia or IV sedation	80%	80%	80%	80%
Periodontal Cleanings	80%	80%	80%	80%
Palliative	80%	80%	80%	80%
Restorative				
Major Services²				
Crowns and Inlays/Onlays	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%



Oral Surgery	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%
Denture Repairs	50%	50%	50%	50%
Orthodontic Services³				
Orthodontics	50%	50%	Not a Benefit	Not a Benefit

1. Reimbursement is based on Dentegra PPO Contracted Fees for Dentegra PPO and Non-Dentegra Providers. Dentegra will pay or otherwise discharge the Contract Benefit Level according to the Maximum Contract Allowance for covered services. Note: Dentegra will pay the same Contract Benefit Level for covered services performed by a PPO Provider and a Non-Dentegra Provider. However, the amount charged to Enrollees for covered services performed by a Non-Dentegra Provider may be above that accepted by PPO Providers, and Enrollees will be responsible for balance billed amounts.
2. Waiting Periods are calculated for each Adult Enrollee from the Enrollee Effective Date reported by MNSure for said Adult Enrollee. Prior coverage for Adult Enrollees under any Dentegra Exchange plan that included an adult Waiting Period will be credited towards the adult Waiting Period under this dental plan. In order for prior coverage to be credited, such prior coverage must occur immediately preceding the election of this plan.
3. Benefits are not provided for orthodontic treatment including all services related to orthodontic treatment (such as diagnostic and pre-treatment records) until the 12 month Waiting Period is satisfied. This Waiting Period does not apply to medically necessary treatment for cleft lip/palate. Waiting Periods are calculated for each Pediatric Enrollee from the Enrollee Effective Date reported by MNSure for said Pediatric Enrollee. Prior coverage for Pediatric Enrollees under a Dentegra exchange certified pediatric essential dental plan will be credited towards the pediatric Waiting Period under this dental plan. In order for prior coverage to be credited, such prior coverage must occur immediately preceding the election of this plan.

*Please see plan brochure for specific benefits and coverage information.

